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ABSTRACT

This monograph summarizes the issues discussed at an international workshop convened to identify strategies, lines of action, and innovative approaches to respond to the needs of young children faced by the African HIV/AIDS pandemic. The monograph provides background information on the HIV/AIDS pandemic; describes current initiatives and results of case studies; and discusses the interaction of culture, HIV/AIDS, and children's rights. The workshop brought together representatives of early childhood development nongovernmental organizations (NGO), institutions, and United Nations organizations working in Africa. Participants reflected on child rights advocacy strategies in the context of HIV/AIDS and addressed the integrated approach calling for collaboration between numerous statutory bodies and voluntary organizations. Also examined at the workshop were revised case studies methodology, an outline for a Young Child and HIV/AIDS website, and an Action Plan proposal. Key questions addressed during the workshop related to: (1) obstacles in providing appropriate services for HIV/AIDS affected or infected young children; (2) cultural or religious causes of discrimination against these children; (3) cultural resources for combating discrimination; (4) the role of policy in ensuring the adequacy of programming; (5) principles to be observed in developing programs; (6) frameworks for protecting children rights; (7) strategies for developing partnerships among NGOs and government; and (8) the type of training required for sustainability. Recommendations relate to policy, advocacy, partnerships and collaboration, program planning and implementation, training, sustainability, communication, funding, and action plan development. The monograph's appendix lists participants and questions used to prepare the workshop. (Contains 29 references.) (KB)

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Action Research in Family and Early Childhood
Monograph N° 20/2003

Protecting the rights of young children affected and infected by HIV/AIDS in Africa: updating strategies and reinforcing existing networks

Report of the International Workshop
co-organized by UNESCO and the Early Childhood Development Network for Africa (ECDNA)
(Paris, 13 - 17 May 2002)

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U N E S C O

Action Research in Family and Early Childhood

June 2003

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Early Childhood and Family Education section
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Printed in UNESCO's workshop.

Learning begins at birth. All children are born with the capacity to learn, the most solid base on which any society can build. Of the more than 800 millions 0 to 6 year old children in the world, less than a third benefit from early childhood education programmes.

The challenge is enormous because of the demographic pressures and increased poverty that most countries experience. Yet, efficient and low-cost options for early childhood exist, and are adapted to the needs of children, the life conditions of families, the culture and resources of countries. Their implementation depends more on creating adequate political and social will than on any other factor.

UNESCO's actions in Early Childhood and Family Education

Background

Most countries have been going through a period of rapid population growth, increased urbanisation, important social disparities, great numbers of out-of-school children and the alarming progress of HIV/AIDS. Disadvantaged families and young children are subject to its worst effects. UNESCO's actions have addressed the issues of early childhood care and education by strengthening national and regional capacities in the areas of research, training, programming and information, to enable early childhood professionals to design appropriate solutions to national early childhood needs.

Responding to Government priorities, commitment and participation

National authorities are seeking to strengthen early childhood programmes - in particular if they are community-based, improve their quality and content, as well as the training of all those involved in early childhood activities. They also want to ensure that these programmes cover children between 0 and 6, and not just those between 3 and 6 years, and are, in some cases, in the process of establishing national early childhood programmes. Regarding women and families, a number of countries wish to increase information and training regarding Family Life Education and legislation in favour of women and families, as well as putting into practice and teaching the Convention on the Rights of the Child. In each country, a number of resource persons and institutions exist in the area of Early childhood, service provision and materials production. Thus the following are often identified as priority areas regarding children and women where outside support would be beneficial:

- Initial and in-service training: early childhood personnel, social workers, trainers, as well as vocational training for women.
- Information/documentation on children and families: strengthening of available resources, computerization of data collection and processing.
- Children's Rights: training in the area of teaching Children's Rights, introduction of Children's Rights at various levels of the educational system, information campaigns, materials production.

- Family life education: setting up of national programmes, production of resource and teaching materials, identification of partners and resources.
- Early childhood services: identification of national partners and resources, strengthening services for young children including disabled and marginalized children, support for integrated and multidisciplinary services.

General objectives of UNESCO's early childhood initiatives

To support and strengthen the work of staff and personnel concerned with the well being and welfare of young children (from birth to 8), by :

- focusing efforts on early child development and education, family education, and the mobilization of both modern and traditional resources to improve children's development and well being, increase their health, self-esteem and learning capacities and improve the skills of families and communities.
- sponsoring regional seminars and training sessions so that national teams can compare experiences and practices, and find ways to make them evolve.
- encouraging the development of innovative, alternative solutions well adapted to the needs of children and the life conditions of families.
- designing training modules for initial and refresher training courses on different topics related to early childhood.
- promoting reflection and information exchange on young children and families, through surveys on the state of early childhood and national inventories of early childhood resources.
- encouraging the development of early childhood networks at national and regional levels.

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Protecting the rights of young children affected and infected by HIV/AIDS in Africa: updating strategies and reinforcing existing networks

HIV/AIDS is a serious and urgent problem. Without children there can be no nation, there can be no future leaders of our country.

Nelson Mandela

Introduction

The United Nations Special Session on HIV/AIDS Declaration of Commitment: Children orphaned by and made vulnerable by HIV/AIDS states that

By 2003, develop and by 2005 implement national policies and strategies to: build and strengthen governmental, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS:

- *by providing appropriate counselling and psychosocial support;*
- *ensuring their enrolment in school and access to shelter, good nutrition, health and social services on an equal basis with other children;*
- *protecting orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance and*
- *ensuring non-discrimination and full and equal enjoyment of all human rights through the promotion of an active and visible policy of de-stigmatization of children orphaned and made vulnerable by HIV/AIDS.*

The international workshop "Protecting the rights of young children affected and infected by HIV/AIDS in Africa: Updating strategies and reinforcing existing networks" took place in UNESCO Headquarters co-organized by UNESCO and the Early Childhood Development Network for Africa (ECDNA) bringing together representatives of early childhood development NGOs, institutions and UN organizations working in Africa on issues of young children and HIV/AIDS, to identify strategies, lines of action and innovative approaches to respond to the needs of young children faced by the HIV/AIDS pandemic.

Protecting young children's rights in Africa

Young children's rights in countries in sub-Saharan Africa need to be protected further as the HIV/AIDS pandemic impact in most countries with prevalence rates reaching 20 to 25 percentage points. As the pandemic impacts, all young children in a given community, in a nation are actually affected, as services are stretched to their limits, and parents and people responsible for them actually get sick and die from the disease.

To date, 13.2 million children have lost their mother or both parents to AIDS. The disease orphaned 2.3 million children in 2000 alone. It is estimated that 44 million will have lost their parents to the pandemic by the end of this decade. One third of them will be children under five years of age, and the majority (an estimated 80 per cent) live in sub-Saharan Africa.

This is an emergency! Action needs to be taken now, as young children (0-8 years) are most vulnerable to disease, malnutrition, and unmet psychosocial needs critical for their socialization and survival.

Partnership between State, local and international NGOs, and private sector and at national level needs to be strengthened.

The donor community needs to reconsider their options to work more closely with communities through existing mechanisms, reinforcing them, while helping governments with policy reviews, identification and promotion of best strategies and available resources to respond to the emergencies.

Community-based action to keep families together, fostering care of young children, and adequate "safety nets" within communities are essential. Setting up of protection mechanisms and monitoring at community level are also crucial.

Cultural sensitivity is important in the approaches to program development to ensure sustainability and involvement of all members of a given community.

Better preventive measures and involvement of children and youth in such programs are vital for the survival of millions of children to ensure the continuity of life in Africa.

The meeting in Paris also helped to consider a Case Study Initiative as providing an approach that could help identify some of the best practices, document these, provide information for policy dialogue while contributing to advocacy, capacity building, and mobilisation of resources, human, material and financial, and to reinforcing existing partnerships. A Case Study approach could also promote further children's rights to participation in tackling some of the most pressing problems associated with caring for the younger ones.

Networking is seen as an essential part of the Case Study initiative as it will help sharing of information, practices; help with the pooling of human resources that will be needed for capacity building processes through training, monitoring and evaluation of programmes.

Setting the Scene - Young children and HIV/AIDS in Africa

The workshop was set within the framework and principles of the Dakar Framework for Action and the Convention on the Rights of the Child (CRC). The focus was on the young child (0-8 years) and the guiding principle was a life cycle approach to the HIV/AIDS issue. Focus was placed on examining services and programmes rather than children.

The HIV/AIDS pandemic is having a devastating effect in Sub-Saharan Africa.

> *AIDS is unlike other disasters in that its impact is diffused over large geographical areas; multiple illnesses and deaths have a cumulative effect with an increasing attrition rate year after year; and unlike other disasters it is difficult to envisage an end to the cataclysm after which life can return to normal. It has been suggested that because of AIDS households and communities could quickly cease to be viable economic units. The trauma of grieving death after death can induce a feeling of powerlessness, and inability to act. Support systems could falter with the seemingly endless demands on them; relatives already overburdened caring for their own children, must also bear the economic burden of caring for orphans.* (Foster et al, 1997:92).

The number of orphans whose parents have died of AIDS has been on the increase all over the continent south of the Sahara. Today, more than 10 million children under 15 have lost their mother or both parents to AIDS (UNICEF's State of the World's Children 2001). In parts of sub-Saharan Africa, due to AIDS, the percentage of children who have been orphaned is between two and thirteen times higher than it is in industrialized countries.

By the end of year 2000, figures of over six hundred thousand AIDS orphans were quoted for countries like Kenya, Ivory Coast. Many other countries like Botswana,

Malawi, South Africa, Uganda, Zimbabwe have reported that numbers of orphans are on the increase as 20 or more per cent of the population in the age range 15-45 years are reported to be HIV positive. Existing systems, traditional as well as emergent social services, cannot cope with large numbers of children finding themselves in the streets, left on their own, abandoned. It has been reported in some studies that some 40 per cent of these orphans may be themselves HIV-positive.

Young children are suffering most. Documentation of the effects of HIV-AIDS on young children in South Africa (Smart, 2000) illustrates how young children are coping with the effects of the illness; losing parents and family members to the illness; the collapse of household economy where there are no wage earners; the care of very young orphaned children, and lack of understanding and stigma. The burden of care often falls on the very young and very old. Young orphaned children are a particularly vulnerable group.

Actions are being undertaken. It is also the case that in the face of these overwhelming difficulties communities can find resilience to cope, and careful and sensitive local support strategies can mitigate the situation. Projects that combine support for community visiting, healthcare and financial contributions towards schooling for orphaned children have complemented without undermining local efforts to cope in rural Zimbabwe (Drew et al 1998). Poverty exacerbates attempts by local communities to cope, and some schemes have included income generation as part of their intervention strategy (UNDP, UNICEF, Cote d'Ivoire, 1999-2000). It is reported that similar efforts are being undertaken in Kenya, Uganda, South Africa and several other neighbouring countries with assistance from International NGO's and local NGO's, as well as other partners of the International Partnership for AIDS in Africa (IPAA) coordinated by UNAIDS, Geneva. The World Bank has a region wide HIV/AIDS program for Africa to scale up national prevention, care, support and treatment programmes.

Among the lessons learnt from the first decades of action against HIV/AIDS and the failure of the fight against HIV/AIDS is that the pandemic is a complex issue the fight against which cannot be limited to purely medical and sanitary actions. HIV/AIDS prevention and care strategies and programmes cannot be disconnected from the social, economic and cultural environment in which people live. Indeed, UNAIDS and its co-sponsors realize the need for a co-ordinated multisectoral and multidimensional response and also recognize that efficient action has to be considered in the perspective of sustainable human development. However these new approaches have paid little attention, if any, to the sociocultural aspects of the epidemic and thus they have failed to bring about the positive behaviour changes expected as they were not culturally appropriate to the target populations cultural specificities and motivations.

Furthermore, the issue of young children and HIV/AIDS is closely linked to the issue of human and children's rights, but also to the cultural and socio-cultural context, in which children, affected and infected by HIV/AIDS, are born and grow up. This made it necessary to tackle these issues and the possible solutions from a cultural perspective.

Cultural approach to HIV/AIDS prevention and care - a condition and a response

As a response to the AIDS pandemic, the cultural approach is aimed at ensuring full consideration to people's cultures in HIV/AIDS prevention and care strategies and programmes. The cultural approach is also meant to enhancing the change of risky behaviours by grounding on people's own cultural resources.

The cultural approach to HIV/AIDS is a prerequisite for slowing down the epidemic and for promoting positive behaviour changes. In fact it is necessary for understanding the people's perception of the disease and their attitude towards behaviour change required in face of the HIV/AIDS risk. It is also

indispensable for designing culturally appropriate prevention and care strategies as well as for enhancing positive behaviour changes.

The struggle against AIDS is closely linked to development problems. In fact among the poorest and marginalized populations, the majority of communities are not motivated to change their behaviour towards the HIV/AIDS risk, because they do not see any possible improvement for their future in general and concerning HIV/AIDS in particular.

Building culturally sensitive projects and strategies

In building culturally sensitive projects and strategies, the cultural approach permits to reach the core of the situation. The cultural approach is needed at all levels for adapting strategies and projects as well as fieldwork and IEC programmes to the reality and diversity of situations. In the process of building culturally sensitive strategies and projects we have to analyze and to understand the economic, societal and cultural causes of the epidemic as well as the populations' responses to the four major problems and challenges which, as defined by UNAIDS, are: risk, vulnerability, prevention/support, impact reduction.

Pre-requisite, in-depth and field investigation

Full understanding of the epidemic in general and in specific cases cannot go without in-depth examination of the regional, national and local HIV/AIDS situations as well as action already taken towards it at the national and international level, governmental and non-government programmes and projects. It is necessary to analyze the environment and the role of multiple interacting elements as for example: socio-economic conditions and cultural diversity.

The relevant elements of information can be collected through general surveys (such as surveys by questionnaires) and interdisciplinary in depth cases studies. They are necessary to identify the population at risk and vulnerable groups as well as their specific needs and resources.

The "Cultural Approach to HIV/AIDS Prevention and Care" project

In the first phase of the project, nine country assessments were carried out in Sub-Saharan Africa, Asia and the Caribbean. The results of these researches are published and available on the project website (*www.unesco.org/culture/aids*). The findings of these projects were discussed in three sub-regional workshops (Thailand, Cuba, Zimbabwe) and in an interregional conference held in Nairobi. The first Pilot project (Kampala, Uganda) has permitted to test the applicability of the cultural methods on the field and adjust them accordingly.

The starting point of discussions was the progress made so far in the "*Young Child and HIV/AIDS in Africa initiative*" launched by Early Childhood Development Network for Africa (ECDNA) members from six African countries, and focused on strategies and programmes in sub-Saharan Africa for early childhood programming for children in the context of the HIV/AIDS epidemic.

The ECDNA "Young Child and HIV/AIDS in Africa initiative"

At one event held in London UK in August-September 2000 to review on-going research in the field of Young Child Development in Europe, several members of the Early Childhood Development Network for Africa (ECDNA) were invited to discuss with researchers at the University of East London, at the Institute of Education, London University and with the Department for International Development (DFID-UK) the impact of HIV/AIDS on the young African child.

It was agreed that it would be most appropriate to join forces in a North-South collaboration to build a partnership for documenting HIV/AIDS and the Young Child in

Africa, and review early childhood development strategies and programmes for young children affected by HIV/AIDS in the most affected countries in sub-Saharan Africa through four major components:

- Consultation and liaison with leading agencies working in the field, in particular UNICEF and UNAIDS, in order to complement and supplement their work in this field.
- A literature review, to be carried out mainly from the UK and Geneva, building on other systematic health, education and care evaluations currently being carried out in the field.
- In-country reviews of strategies and programmes to be undertaken by ECDNA members.
- Country case studies, which will provide more detailed information on programmes and strategies in those countries.

The outcomes of this partnership were seen to be to:

- define and identify best practice in the care and education of young children affected by HI/AIDS, and provide a report to those particularly interested (UN agencies and bi-laterals such as DFID) which document such practices to orientate their programmes.
- make policy relevant recommendations both at a general level for such agencies and at a country level for participating countries.
- identify areas for further investigation.
- provide contributions to the work of international agencies in the field by giving papers/attending workshops as requested, on the basis of the documentation collected.

Three case studies from Namibia, South Africa and Uganda, part of the Early Childhood Development Network for Africa (ECDNA) "*Young Child and HIV/AIDS in Africa*" Case Study Initiative, were presented and discussed. The three Case Studies cover the age-range 0-12 years. They address the following:

Assessment of services for young orphans, older orphans and other children affected and infected by HIV/AIDS, looking at the quality of services that young and older children affected and infected by HIV/AIDS receive in Namibia. The objectives of the study will be to:

- identify programmes that provide services to young orphans aged 0-8 years and other young children infected and affected by HIV/AIDS;
- delineate the nature of services that are provided to the young children;
- ascertain whether the services provided relate to the developmental, psychosocial and other well-being needs of young orphans and other children affected and infected by HIV/AIDS;
- find out whether the services provided to young children affected and infected by HIV/AIDS take into account the rights of the children, especially the rights that pertain to protection from stigmatisation and discrimination;
- identify specific child care and development constraints and strengths pertaining to children affected and infected by HIV/AIDS that households, communities and other service providers have;
- propose policy and programme strategies for serving young Namibian children affected and infected by HIV/AIDS more adequately.

Improving the quality of community-based providers of psychosocial support to young HIV/AIDS affected children (0-8 years) in rural and urban areas of Uganda.

This project will explore one urban and one rural situation where a number of educational and health based agencies are involved, sometimes competitively, in

supporting young children affected by HIV/AIDS. In particular the project will focus on models of psychosocial intervention and how these are translating into specific practices across a range of agencies. It will match these models of psychosocial intervention with those held by recipients/users of the services. It will use a non-assisted site (that is one where there are currently no interventions) as a comparator.

The project will use the following methods:

- PRA with local communities of parents/children and community leaders to ascertain local definitions of psycho-social well-being
- Use interviews with key informants and analysis of documentation to ascertain the different agency definitions of psycho-social well-being (i.e. education attendance/health/nutrition etc)

The overlaps/contradictions between these different views will be explored.

Evaluating existing "safety nets" that are already in operation for children affected by HIV/AIDS in communities (rural and urban), with focus on the very young (0-4) and older children of primary school age (5-9 years).

The project would focus on the notion of "safety nets" for young children affected by HIV-AIDS. It would seek to identify what might constitute a safety net, why and how it "works", and who for. It would focus on 5 sites, ranging from deep rural, semi-rural, squatter camp and township, and would subdivide target groups into 0-3 and 4-9, on the assumption that different strategies would be required for these groups.

The aim would be to:

- Classify initiatives, programme elements, context, and processes
- Identify role players and capacity building processes undertaken
- Draw conclusions from the data obtained

The Case Study initiative also includes two other studies, whose proposers/coordinators were not able to be in Paris:

Mother child transmission in Kenya with emphasis on prevention, mother/child survival and development for the first eight years of life.

This will build on 2,5 years work of monitoring vertical transmission of HIV/AIDS. This project aims to investigate:

- mothers views on project,
- outcomes for children of different kinds of interventions.

Assessing information and communication strategies (content/method/mechanism) in Swaziland and identifying the key elements that bring about behavioural changes in young children, the early years being the most critical years. The findings will be used to inform a media and dissemination strategy within Swaziland.

The project would seek to evaluate the effectiveness of documentation and dissemination processes in explaining the impact of HIV/AIDS to local communities. This will be done through focus group discussions to explore difficulties in understanding HIV/AIDS. Groups will focus on:

- selected topics - bodily knowledge/contamination/informing children etc
- who should be influenced/ who can be trusted to give information/ and strategies for influencing them?

An example from Kenya: Speak for the Child Project improving care of orphans and vulnerable children under 5

A model program in western Kenya called *Speak for the Child*• supports families and communities to care for young children affected by AIDS. *Speak for the Child's* objective is to improve the physical, cognitive, and psychosocial care and development of orphans and vulnerable children (OVC) 5 years and younger in South Kabras, Kakamega District, Western Province.

Project components implemented in the first year included:

- Participatory Learning Activity (PLA) in which communities identify problems facing AIDS-affected families and young children and developed solutions.
- *Speak for the Child* committees formed that are the operational counterparts and local managers for the project.
- Surveys to identify and assess vulnerable children conducted by community volunteers.
- Development of criteria for vulnerability and selection of vulnerable households for intervention.
- In-depth household and child needs assessments to design local interventions.

The *Speak for the Child* model is one of coaching and problem solving. Core activities are:

- Visiting Mentor recruitment and training to support vulnerable households and coach them to solve problems in *nutrition*, *health* and, *psychosocial* and *cognitive* care.
- School fees to local preschools for children in vulnerable families.
- Health cards and immunizations for vulnerable children without complete immunizations.
- *Speak for the Child* committees' community action to increase human and financial resources for better care of orphans and vulnerable children.
- Support groups for Caregivers and Visiting Mentors.

The Future

Ready to Learn's *Speak for the Child* program has had tangible, positive impacts on the lives of orphans and vulnerable young children in western Kenya. The current program is a pilot, covering a small number of households and children, and staffed by experienced fieldworkers, so the results reported here are very preliminary. However, with continued strengthening of caregiver and community participation and volunteer support, we expect continued effectiveness and expanded coverage.

The field-tested strategies, tools, and models Ready to Learn has developed have the potential to impact the lives of countless other vulnerable young children, if action is taken on their behalf.

• Funding for the *Speak for the Child* project comes from USAID's Displaced Children and Orphans Fund and USAID/Kenya through the LINKAGES project; *Speak for the Child* is designed and implemented by the Ready to Learn Center at the Academy for Educational Development.

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HIV/AIDS in the context of child-friendly policies - inclusion of protection issues (Articles 20, 24, 32-39 of the Convention on the Rights of the Child)

Policies were looked at from the perspective of early childhood and whether or not protection issues are taken into account. The workshop discussed questions of what "management" is needed, at different levels and at different phases of implementation. It also looked at the inclusion of an HIV/AIDS focus in policy projects to encourage countries embarking upon or reviewing early childhood policies to include strategies to support young children infected and affected by HIV/AIDS.

Children's rights are human rights - the general protection of human rights includes special attention to children in such areas as sexual exploitation and abuse, and the promotion of their rights among others to information, education, health and social services. This is critical to enhance HIV prevention and care strategies and to reduce the impact of AIDS on children, families and communities. A stronger commitment is needed to improve policies and increase action that promote and protect the rights of children living in a world with AIDS.

Despite the almost universal ratification of the United Nations Convention on the Rights of the Child, children infected with HIV, those affected by the epidemic, and those living in the shadow of HIV infection continue to suffer serious discrimination, exploitation and abuse in most countries. These violations of the rights of children can be the result of their real or perceived HIV status or that of members of their families. They can also make those children not already infected become more vulnerable to infection.

The Convention on the Rights of the Child and HIV/AIDS

Directly relevant articles in the Convention on the Rights of the Child include:

- Article 2 - Non-discrimination
- Article 6 - Survival and development
- Article 8 - Preservation of identity
- Article 19 - Protection from abuse and neglect
- Article 20 - Protection of a child without family
- Article 21 - Adoption
- Article 24 - Health and health services
- Article 27 - Standard of living
- Article 28 - Education
- Article 29 - Aims of education
- Article 34 - Sexual exploitation

The Convention on the Rights of the Child can be understood to provide a blueprint for reducing the vulnerability of children to HIV and for the design of effective HIV/AIDS prevention, treatment and care strategies consistent with human rights norms.

The interaction between culture, HIV/AIDS and children's rights

When emphasizing the need to take into account the role of culture in understanding and solving the problems of children's rights and HIV/AIDS, one should recall that this is not just a sectoral concern but a fundamental principle explicitly recognized under

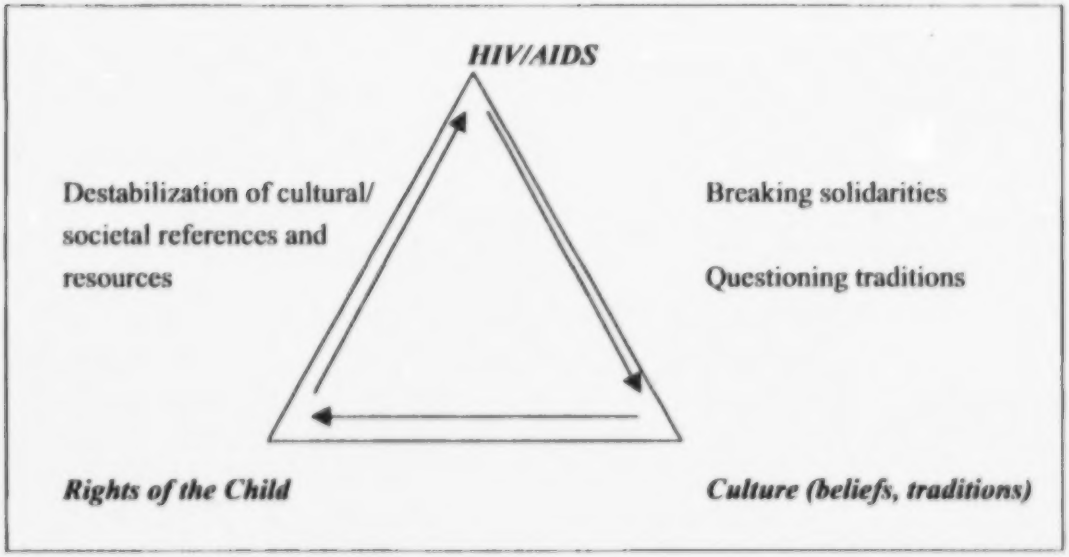
paragraph 20 of the Declaration of commitment adopted by the Extraordinary Session on HIV/AIDS of the General Assembly of the United Nations (June 2001):

> *The prevention of the epidemic and its treatment have to take into account the important role of cultural, family, ethical and religious factors, the particularities of each country as well as the importance of respecting all human rights and fundamental freedoms.*

Recognition of this principle is a great achievement, however we have to be realistic: this requirement is still generally ignored, neglected or misunderstood in both policies and practices.

Culture, HIV/AIDS and children's rights are closely interacting issues, resulting in a triangular interaction.

It is necessary to stress two considerations still too often neglected or ignored in current policies and practices: this interaction is evolving in the context of the general sustainable human development and its problems any improvement in any of these three fields may improve the children's situation in the other fields or vice versa, if the situation is worsening in any of these three fields, this may have negatives impacts in the two other domains.



Thus the denial of their rights makes children more vulnerable to HIV/AIDS and cultural destabilization. HIV/AIDS, beyond menacing their health and life, is exposing children to economic, social destabilization and loss of identity. On the contrary, cultural confidence, positive behaviour changes or community responses increase children's chances to be protected against HIV/AIDS and against the violation of their rights.

The realization of the survival and developmental rights of children, as defined in the Convention on the Rights of the Child, are affected in obvious ways as family and community resources become strained and overburdened by HIV/AIDS. Accomplishments in child survival that were made over the past decades are endangered. If the HIV/AIDS epidemic is not contained, the mortality rates of infants in some countries could increase by 75%, and those of children under five years of age by 100% (UNAIDS). In the absence of caring adults to protect them, and as they struggle to survive, children who experience increased poverty, abandonment, rejection or discrimination, or an added burden of responsibility for themselves and other family members, are at increased risk for abuse and exploitation. Children's rights are ignored

as family property is taken, siblings are separated, children suffer physical and sexual abuse, or children become homeless.

Access and Quality – a range of strategies

Based on the messages that transpired from the on-going case studies and various discussions, the workshop reflected on the current scenario, which represents a continuum of initiatives/actions going on at different levels and dimensions in different communities and countries, and illustrating a range of strategies that could be proposed to tackle the HIV/AIDS pandemic.

In regards to policies, the participants engaged in a reflection on child rights advocacy strategies in the context of HIV/AIDS. What would be key in a child rights based strategies on HIV/AIDS is advocacy for States respecting, promoting and fulfilling their child rights related obligations, as stipulated in the Convention on the Rights of the Child, its protocols, and other international instruments.

Actions that support the protection of children's rights and the implementation of the Convention on the Rights of the Child are synonymous with those that reduce the likelihood of infection with HIV/AIDS. When their rights to survival, development, protection and participation are realized, young children are less likely to find themselves in situations involving a high risk of HIV/AIDS infection. Healthy physical and emotional growth and development, access to information about their rights and about sexual health, and a voice in making decisions that affect them - all rights of children - are vital steps that, if begun in early childhood, enable people throughout their lives to protect themselves from HIV/AIDS. Lasting solutions for the next generations must address both protection from HIV/AIDS and protection of children's rights.

Early childhood and HIV/AIDS from the perspective of quality education

States are obligated to meet their EFA goal progressively; therefore a strategy that seeks out and targets the most vulnerable is important.

Premises

We learn all the time. Much learning, especially in the early years, is not planned. Early learning is an important foundation for learning for life.

What a child brings

Innate abilities.

A child is a physical/emotional/psychological/intellectual being.

A child is a subject, not an object.

Key themes:

- socialisation, especially gender
- acceptance
- self esteem
- respectful interaction
- exploratory approach
- generator of knowledge
- sense of self within the world

Building bridges - networking / documenting

The workshop addressed the integrated approach to tackling HIV/AIDS which calls for collaboration between key statutory bodies, health, education and social welfare, as well as voluntary organizations; collaboration between sectors, existing networks and community initiatives. Multi-sectoral collaboration was seen as a means to build on and further develop existing resources and expertise for a more comprehensive support services and approaches for young children, their siblings and families. Furthermore, such a collaborative working approach would facilitate building the bridges between researchers, practitioners, policy decision makers, activists, community leaders, families and children.

Also child participation was seen as a critical element for HIV/AIDS programming and interventions, in particular children's participation in community responses to supporting orphans and vulnerable children.

HIV/AIDS Materials and Young Children

Despite the availability of information on the AIDS pandemic, HIV/AIDS is still spreading in Africa. It has had detrimental effects on the lives of the poorest and most vulnerable, particularly women, girls and young children. In an effort to use non-formal education to give information, stimulate discussion and questioning which will, hopefully, lead to adopting positive behaviour. UNESCO organized a series of training workshops in Africa and part of Asia to produce materials designed to ease the effect of HIV/AIDS on women, girls and young children.

The workshops sensitive education, health care and communication professionals in the preparation of materials aimed at helping people, changing their behaviour towards practicing safe sex and ultimately saving their lives. They went beyond the usual technical and medical information right to the roots of all HIV-related problems. The resulting materials were targeted at those who are most at risk or who suffer the consequences: poor rural people, women and girls, young children and even babies. Some examples of issues and booklets related to young children are presented below.

Denial and traditional practices are the driving factor behind the alarming death rate of the young generation. Often, mothers continue breast-feeding their babies knowing that they are HIV-positive. The fear of being "found out" far surpasses the risk of exposing the infant to HIV/AIIDS.

Because it is such a hush-hush, taboo subject, several worrying misconceptions about HIV/AIIDS have spread among people in many African countries, including the prevalent myth that sleeping with a virgin offers a sure cure. This presents urgent and serious cause for alarm. Even very young girls and babies are no longer safe. Young girls' physical makeup makes them more vulnerable to HIV infection. In addition, girls are "second rate" children in traditional societies everywhere. Needy schoolgirls become easy prey to older men.

A booklet written by Nana of Swaziland exposes how the "sugar daddy" phenomenon is rampant among- schoolgirls in rural areas. Many girls trade sexual favours for material goods beyond their reach - the four Cs: cars, cell phones, cash and clothes. This can be fun or amusing or profitable - even prestigious.

A booklet from Malawi shows how some parents are prepared to look the other way and silently to enjoy the rare commodities that their daughters bring home. The behaviour of adults directly affects and has repercussions on the lives and well being of, not only their own children but also the children of others. The materials so far produced talk about these problems, open the passage for discussion and the opportunity for adults to examine and take responsibility for what they do.

In Kabas story, Kaba, from Niger, is thrown out of his home because he is living with HIV/AIDS. Shunned by friends and family, he hangs out miserably under a tree. When a social worker befriends him and shows his friends and his parents that it is all

right to touch, hug and live together with HIV-positive person, Kaba gains the much-needed support and develops a sense of purpose in living a meaningful life.

Nandi's Shattered Dream is the story of a very young innocent girl child who is left in charge of a cousin while her parents go to the city to look for work. He is HIV-positive and abuses her, hoping that, because she is a virgin, he might be cured. In her innocence she does not understand the cousin's move and at first thinks he only wants to play. As a result of the rape, she is not only robbed of her innocence and childhood but becomes HIV-positive, too.

Written for Namibia, the booklet, *Who is Chicken?* talks about schoolgirls who are subjected to peer pressure to experiment with sexual relations when they are not ready to do so, do not fully understand the implications or who might not even really want to do it. The consequences can be very serious and entirely ruin a girl's life: unwanted pregnancy, STDs and AIDS.

Another booklet written in Namibia talks about the problem orphans face. What it is like to be left alone, defenceless and have to fend for oneself in an adult world. In many cases the law, which is always upheld, often allows uncles and other relations to strip orphans of all their possessions. They are then forced onto the streets to earn a living as best they can and are subject to all kinds of abuse, discrimination and exploitation.

Not only is it important to consider the physical aspects and quality of life but also the psychological implications. Family relationships become completely distorted. Families must now learn to look at things differently. Parents must pay more attention when leaving their children with other people and can no longer assume that because they are "family" no harm can befall their children. Children are confused, hurt and lonely. How can people profess love for each other and then do things that will ultimately kill or harm the loved ones.

Physical contact is of prime importance to children's development. Those who have been orphaned are deprived of this and long for the affection and hugs and kisses or just the touch of their mothers and fathers.

Although most of these stories are about teenagers, it is hoped that they have relevance for younger children, too. Older siblings provide positive role models for their younger sisters and brothers. In addition, understanding the trials and tribulations of their older siblings could help prepare the younger ones to meet similar challenges more effectively.

Parents, caregivers, educators must now start asking themselves how we can prepare children for the life ahead of them How can their awareness be raised, how can they be warned and how can they be protected? It is becoming imperative to prepare them at a very early age for their future life. What educational measures can be taken? Through community groups, formal and non-formal education, parents groups, mothers groups or even vigilante groups?

UNESCO's materials try to bring all this into the open to allow frank discussion, understanding and responsibilization. Finding a cure to AIDS is important but must now go hand-in-hand in protecting the younger generation from abuse and exploitation.

The way forward - looking to the future

The HIV/AIDS pandemic is contributing to rapid breakdowns of existing structures, that traditionally took care of the development of young children. On one hand there is a need for strategies to provide support, care and guidance to young children, families, parents and care givers, that are directly or indirectly affected by HIV/AIDS (interventions at the local level). At the same time, there is need for a conducive policy environment that allows safety nets and strategic interventions to take place, to grow and to be inclusive.

Orphans and other vulnerable children: goals, principles & strategies to strengthen collaboration

Sound strategies for action and programming principles exist and are recognised:

- to guide organisational action and strengthen partnerships to ensure that children's rights are protected, respected and fulfilled.
- to ensure that commitments to orphans and other vulnerable children are met.

Strategies for intervention

- Strengthen the capacity of families to cope with their problems
- Mobilize and strengthen community-based responses
- Strengthen the capacity of children and young people to meet their own needs
- Ensure that governments protect the most vulnerable children and provide essential services
- Create an enabling environment for affected children and families

Key concentration areas: moving forward

- Protecting the rights of young children
- Stronger Linkages between PMTCT and OVC community-based responses - through Integrated Early Childhood Development (I/ECD)
- Strengthen our capacities to know the issues and tell the stories of very young children confronting HIV/AIDS
- Ensure that governments protect the most vulnerable children (often the youngest) and provide essential services
- Raise awareness and increase support to "double orphans" - those with both parents dead

All of this in the context of clear recognition of national and local actions and principled partnerships.

The participants brought in together their reflections and views and examined some of the following: a revised HIV/AIDS Case studies methodology; an annotated outline for the conceptualisation and creation of a Young Child & HIV/AIDS website; and a proposal for an Action Plan. They also issued a statement on young children and HIV/AIDS to the UNESCO Executive Board.

"Protecting young children affected and infected by HIV/AIDS"

Representatives of Early Childhood development NGOs, institutions and UN organizations working in Sub-Saharan Africa, meeting in Paris from May 13 to 17, 2002 for the International Workshop "*Protecting the rights of young children affected and infected by HIV/AIDS in Africa*" co-organized by UNESCO and the Early Childhood Development Network for Africa (ECDNA), concurred in addressing the following statement to the UNESCO Executive Board and recommendations to UNESCO on HIV//AIDS and young children.

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Statement to the UNESCO Executive Board

Today, 13.2 million children have lost their mother or both parents to AIDS *(UNAIDS, 2000)*, and one-third of them are under 5 years of age *(Center for Disease Control, 1999)*. The disease orphaned some 2.3 million children in 2000 alone. Current estimates are that there will be 44 million AIDS orphans by 2010. HIV/AIDS most drastically affects young children under 8 years of age, as they are more vulnerable than older children to disease, malnutrition, and unmet psychosocial needs critical for socialization and survival. Community-based action to support families fostering young children are essential to provide the care they need to grow into healthy, active and contributing members of society. Setting up of protection mechanisms and monitoring at community level is crucial.

The Workshop that just took place was the first international opportunity to discuss in a holistic and practical manner issues related to early childhood, HIV/AIDS and children's rights all together. This meeting has helped to identify strategies, lines of action and innovative approaches to protect the rights and meet the basic needs of several millions young African children who must survive the pandemic to ensure the continuity of life in Africa.

The "*Young Child and HIV/AIDS in Africa*" initiative launched by Early Childhood Development Network in Africa (ECDNA) members from six African countries sets out what is being done to ensure that rights and needs of young children in need of protection especially facing the HIV-AIDS pandemic are met. One of the points of discussions was the "case study approach" proposed as departure point for this endeavour. As a result of the various sessions and lively discussions that took place during the meeting, it was agreed that the "case study approach" and its networking process will help:

- implement the *'Guiding principles for care of young orphans and vulnerable children under 8 years of age'* developed during the workshop, as a common point of reference for programmes and actions;
- document and inform stakeholders, beneficiaries and donors on the best and most efficient ways of responding to the present situation of young children in Africa;
- capacity building for reinforced partnerships between early childhood, HIV/AIDS, child rights professionals and local communities;
- serve as catalyst for advocacy in favour of young children and their caregivers confronted with HIV/AIDS;
- provide entry points for policy review and development in regards to vulnerable children and families;
- enhance global learning on early childhood in the context of HIV/AIDS.

A special call for convergence of efforts towards the protection of children affected by HIV/AIDS, especially young orphans and vulnerable children under 8 years of age, issued by UNESCO would be most welcomed and prove of great help in finding ways of getting different actors to address some of the important issues raised in the meeting more efficiently and effectively, in order to create "quality" child-friendly enabling environments.

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Recommendations to UNESCO

In light of the Millennium Goals, of the key goals of the final outcome document *'A World Fit for Children,'* adopted at the recent UN Special Session on Children, and in line with the Dakar Framework for Action's goals and strategies:

- Support for integrated early childhood approaches comprising education along with nutrition, health, care and community support should be given priority in UNESCO sponsored programmes and initiatives.
- A meaningful portion of the extra budgetary funds contributed by UNESCO's partners throughout the world should be used in support to programmes designed in favour of young orphans and vulnerable children under 8 years of age, in particular in sub-Saharan Africa and selected areas in the world most affected by the pandemic.
- UNESCO's technical support should be made available to initiatives for young orphans and vulnerable children under 8 years of age, in particular in the areas of advocacy workshops; training and capacity building; materials development; information, education & communication.
- Other workshops on young children and HIV/AIDS should be convened, to deal with specific issues, regions and target groups. One such occasion would be the upcoming MINEDAF VIII (December 2002).

Such activities illustrate UNESCO's vocation in:

- facilitating the exchange of knowledge and experience;
- reinforcing capacity building and partnership development;
- promoting the ethics on which UNESCO's action is based.

adopted on 17 May 2002 (Paris, France)

'Guiding principles for care of young orphans and vulnerable children under 8 years of age'

Early Childhood: Special Considerations for the *UNAIDS Guidelines for Care of Orphans and Vulnerable Children*

1. *Strengthen the protection and care of young orphans and other vulnerable children within their extended families and communities.*
2. *Strengthen the economic coping capacities of families and communities with young children.*
3. *Enhance the capacity of families and communities to respond to the psychosocial needs of young orphans, vulnerable children, and their caregivers.*
4. *Link HIV/AIDS prevention activities, care and support for people living with HIV/AIDS and efforts to support young orphans and other vulnerable children.*
5. *Focus on the most vulnerable young children and communities, not only those orphaned by AIDS.*
6. *Give particular attention to the roles of young boys and girls, men and women, and address gender discrimination.*

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7. *Ensure the full involvement of young children as part of the solution.*
8. *Strengthen early childhood services and ensure access to learning and education.*
9. *Reduce stigma and discrimination.*
10. *Accelerate learning and information exchange.*
11. *Strengthen partners and partnerships at all levels and build coalitions among key stakeholders.*
12. *Ensure that external support strengthens and does not undermine community initiative and motivation.*

Issues addressed

A number of key questions were addressed during the Workshop. These served as the basis for plenary sessions, presentations, discussions, small group work, and eventually the conclusions and recommendations put forward. They included:

What are the major obstacles to providing appropriate services for young children affected or infected by HIV/AIDS?

- The three biggest obstacles to services are low prioritisation, oversized classes, overstretched curricula, lack of funding, and a dearth of training opportunities and learning materials.
- Stigma & discrimination
- Invisibility of children affected & especially infected by HIV/AIDS (due to denial, lack of testing services)
- Lack of knowledge/training on how to provide psycho-social support to children affected by HIV/AIDS & their parents
- Poor access to and lack of availability of health services/treatment for children/parents infected with HIV (because of cost, distance required to travel for services, etc.)
- HIV/AIDS is not a notifiable disease, it is difficult to know who is affected/infected
- Undifferentiated services to orphans and vulnerable children causes the affected children to be lost in the group – so these children's specific needs and rights remain unidentified (e.g. psychosocial needs)
- Undifferentiated programmes for orphans and vulnerable children under 15 years of age do not indicate what should be provided to children 0-8 years old
- Resources for providing services
- Lack of knowledge of factors that affect the developmental aspects of the young child
- Economic issues or economic hardships of care-givers
- There are few programmes by governments and NGOs that are targeted at these children

What are the issues affecting young children and HIV/AIDS?

- Ensuring adequate nutrition of the child (especially if parents are too weak to ensure children have as nutritional a diet as possible/are too weak to cook, etc.)
- Impact of child-headed households on the survival and development of children 0-8 and of the children heading the households (e.g. hygiene, nutrition, how younger children are cared for, psycho-social impacts).
- Prevention of mother-to-child transmission. Nevirapine works to stop transmission, but what about ongoing social support of the newborn child?
- Prolonging the life of parents and improving the quality of their lives so that they are better able to care for their children over a longer period of time
- Impact of HIV/AIDS on household economies – what is the impact of parents accessing ARUS/treatment for opportunistic infections or provision of health-care for younger children.
- Stigmatization and its effects (e.g. rejection, isolation, labelling)
- Discrimination (e.g. exclusion from school; HIV/AIDS affected children may be exploited – child labour, denial of food) .
- The drop out rate, selective teaching about HIV/AIDS, increasing numbers of orphaned children, influence of mass media, the paradox of teaching safe sex
- Inadequate and often complete lack of care when parents are no longer there
- Inadequate resources
- Abandonment and missing out on home and care.

What are the cultural or religious causes of possible discrimination against children affected or infected by HIV/AIDS?

A problem is that cultural factors and traditions, if they are not totally ignored or neglected in development strategies and programmes, they are generally considered only as obstacles to overcome arguing that cultures are static and incompatible with change.

This generalization in fact is not justified.

First of all cultures are not static, cultures are continuously evolving. They adapt themselves to new situations due to their own creative, innovative and dynamic factors, but also under the pressure of new economic social, technological environmental challenges as well as a consequence of their interaction with other cultures.

In this perspective, the challenge is to understand and to mobilize the populations' cultural resources, which enable them to review, up-date and adapt their behaviours to the new requirements in a lasting and sustainable way.

- The myths and misconception about HIV/AIDS and the idea that someone with HIV/AIDS looks different or is not healthy looking, or a general lack of knowledge and level of education will cause discrimination against children affected or infected by HIV/AIDS.
- Fear of HIV/AIDS and lack of understanding of how 2 people <u>can</u> live with HIV
- Way HIV/AIDS is transmitted (e.g. sex, injecting drugs) is closely linked to taboo subjects
- Cultural beliefs that HIV/AIDS is a curse and that people "deserve" it.
- Religious: Sin versus redemptive concern and care
- Children suffering from the "sins" of parents
- Cultural beliefs that state that children should not speak in public

- Cultural beliefs that children should not inherit property; if they do when they are made heirs, an adult guardian is the caretaker, and often, this guardian takes the property of the children.

What are the cultural resources in the various cultures for combating such discrimination?

- Church/religious organizations
- Health workers
- Teachers/educators
- Community leaders, community "gate keepers"
- Children & young people
- People living with HIV/AIDS
- Traditional healers
- Extended family support structures –although weakened now
- Clanship: through clan get-togethers, they review the care of orphaned children by the heirs and child advocates can also seek help from the traditional or cultural leaders.
- The learning materials should be locally driven to personalize the risk and overcome the "us versus them" attitude so that young people perceive HIV/AIDS to be a locally and personally relevant issue.

What are the indications that young children are being left out from HIV/AIDS related activities?

- Lack of knowledge about prevalence rates among all children, especially those under 8.
- The fact that even the UNAIDS policies do not take into consideration the young child.
- All materials regarding counselling only refer to adults, nothing available, for instance, for counselling young children.
- The culture of silence hides the issue and people do not see themselves as personally at risk.

What is the role of policy in ensuring the adequacy of programming for young children and HIV/AIDS?

- Policies set the scene for programming. They provide the framework or guidelines within which the programmes can operate.
- They guide the practitioners who decide on types of programmes to implement
- Policy would ensure that specific needs/rights of these children are met/protected
- Policy would provide a framework for assessing the impact and quality of services/programmes for children affected/infected by HIV/AIDS
- Policy would require governments/NGOs to focus on the demands/rights/needs of these children
- To be effective, policies should have clear implementation mechanisms that stipulate outcomes and timelines

How have countries addressed the HIV/AIDS issue in their reporting to the UN Committee on the Rights of the Child?

Concerning HIV/AIDS, when the country reports refer to it, it is usually in the part concerning Basic health and welfare. However, in general most reports mention HIV/AIDS in more than one or 2 paragraphs. It is at times to claim the problem does not exist in the country, often to explain that because of HIV/AIDS the country has more difficulties to implement children's rights, and mainly to present what the country has set up to fight the pandemic, or what it "plans' to put in place in the future, or what it has not been able to implement.

- Information on young children affected/infected by HIV/AIDS is not provided separately.
- It could be that reporting guidelines do not clearly reflect this component.

What principles should be observed in the development of HIV/AIDS programmes?

- No discrimination between children orphaned by HIV/AIDS and children orphaned for other reasons – basic issues for orphans are the same whether it is a result of HIV/AIDS or not.
- Make an effort to prolong lives (and quality of life) of parents so that they can survive for long enough to look after their children/explain what is happening to them
- Need for psychosocial support and treatment (i.e. treatment by drugs, but also treatment of opportunistic infections where drugs are not available – psycho-social support in terms of ravaging household economies, explaining seropositive status to children, etc.)
- Keeping children in environments that are familiar to them is what is best for their development (i.e. need to protect inheritance rights, avoid institutions).
- Young people, while they can speak for themselves, there are those, the infants, who need an advocate.
- A Holistic approach to an education for behaviour change. "HIV–protective behaviour represents the behaviour endpoint of a complex decision–making process that is influenced by a broad spectrum of cognitive, psychosocial and environmental factors. "(Diclemente, 2002)
- Human/children's rights should be promoted in all programming
- Young children affected by HIV/AIDS should be enabled to optimally survive and develop without stigmatization and discrimination.
- Cultural beliefs and practices that stigmatize these children should be discouraged
- Positive cultural practices should be retained
- Families and communities affected by HIV/AIDS should be strengthened and supported by use of internal and external resources
- A "Marshall Plan" for most affected societies should be put in place.

How do we advocate for the need to put young children and HIV/AIDS on the agenda?

- Build on existing guidelines (e.g. 12 principles for our programming), highlighting what is it that is different and needs to be taken into account for children aged 0-8 who are infected/affected by HIV/AIDS.
- By putting the young child on our own agenda's first, then insisting that others do likewise

- Call the decision-makers, policy-makers to activities for the young child and pass on messages for them.
- Be friendly to those in leadership with the intention of inviting them to ECD programmes.
- Initiate and help design legislations for young children affected by HIV/AIDS
- Publicize cases/practices of discrimination against children affected/infected by HIV/AIDS, through the print and electronic media including radio.
- Sensitize political, community and other leaders to issues affecting children impacted by HIV/AIDS.
- Keeping governments and policy makers aware of the extent and implications of the problem by active campaigns of letters and phone calls.

Are there legislative frameworks and/or enforcement responses for the protection of child rights in the context of HIV/AIDS?

If they are, they often are

- Not singling out young children infected and affected by HIV/AIDS
- In education in Namibia, a draft policy on HIV/AIDS has been proposed. It does not make specific references to ECD issues. Children aged 0-6 are supposed to be the responsibility of communities under the national Namibian ECD policy.

Are such key judicial issues as access to complaint procedures, child-friendly legal proceedings taken into account?

- Yes, for children in general, such child maintenance, child protection, or child status bills.
- No specific legislation for young children infected/affected by HIV/AIDS exists.

How to adapt to the socio-cultural context the programmes addressing the problems of the children affected or infected by HIV/AIDS?

In order to ensure that the strategy and project proposals are relevant to the local realities and specific situations, proposals should be the result of a continuous process of exchange and mutual information between planning offices and field. Checking the project's acceptability/ receivability is a key factor in the process of adapting the project to people's situation and cultures. It is also necessary for arriving to a common understanding by all the stakeholders of the problems and their interaction in the context of general development issues.

- Because culture influences thought, behaviour, attitudes and practices of particular groups, it is important to investigate practices and beliefs of various cultural groups to differentiate between those that militate against the rights and needs of children and those that are supportive of these rights and needs.
- Nutrition, health and psychosocial dimensions should be integrated.

How do we get young children and HIV/AIDS on the agenda?

- Through advocacy and particularly by promoting the Convention on the Rights of the Child, and the principles specific to children affected and infected by HIV/AIDS
- Use HIV/AIDS infected persons who could be role models and leaders to place the children's issues on the agenda.
- Developing effective programmes that produce results and reduce the numbers of new occurrences.

What factors contribute to a determination of the kind of services to be provided?

- Accessibility in terms of costs, distance to travel
- Sustainability of services being provided (e.g. while important to provide treatments, this needs to be provided constantly, without interruptions to stocks.
- Resources already in existence in the community and how to build on those (e.g. using peer educators to provide care and support services to children affected/infected by HIV/AIDS)
- Resource availability (human and material)
- Information availability
- The Health Belief model, which is popularly used to explain risk behaviour, also holds central the idea that knowledge and awareness are not enough to reduce risk behaviour and that perceptions of personally being susceptible must also exist (Volk, 2001).
- Capacity of service providers and the degree of receptivity of those needing the services (i.e. the need for this service)
- The demand for the services (has the community articulated their needs?)

What sectors need to be involved in the development and implementation of HIV/AIDS programming for young children?

- Health
- Education
- Social protection/social support
- Those involved in livelihoods/household economies/food security
- All critical stakeholders dealing with children infected and affected by HIV/AIDS (e.g. Ministries of Health, Education, Women Affairs and Child Welfare, social services, Justice, labour and relevant NGOs, CBOs and communities)
- Parents, teachers, students and community focus groups such as parent-teacher associations and school-home liaisons should dovetailing expertise in HIV/AIDS and education by creating networks between policy makers, practitioners and academics.

What would be key in a child rights based strategies on HIV/AIDS?

- Addressing stigma and discrimination which prevents children from accessing health/education services
- Protection against stigmatization, discrimination, neglect, abuse, etc
- Care and support on equal footing with other children (in some cases it may be important to introduce affirmative action in terms of children affected and infected by HIV/AIDS)
- Prolonging life/improving quality of life of parents with HIV/AIDS so they can provide the love and support that young children need for their development.

What does it mean to have cooperation/collaboration and partnerships among sectors and among NGOs and government?

- Identifying in whatever we do areas of mutual interest and together working as partners and equals, developing strategies for solutions to problems.
- Areas of mutual interest would include research, resource identification (human, material), advocacy, etc

- One of the characteristics of an effective partnership is a seamless transition. Governments can support creative communication and the use of theatre groups, songs, dances and storytelling can bring home the message in a powerful way.
- The main thrust would be to bring about synergy, consolidating partnerships.

What does it mean to develop a partnership between specialists/professionals and parents?

- Specialists/professionals and parents have to start with the position that both groups are learners and that they can mutually benefit from each other's knowledge and experience, as well as learn together new information and skills needed to solve a problem. The professional should not come with pre-conceived agendas to impose on parents and communities.
- A partnership is a shared vision and hope to accomplish the same goals.

What type of teaching, training, reference materials would be useful?

- Teaching that emphasizes:
  - Context
  - Relevance,
  - Cultural and sub-cultural positive orientations.
- Training which emphasizes these elements would be ideal and material which would have been developed and adapted locally.

What types of information would be of help? on what issues/themes?

- Information, which is collected locally, nationally and internationally, on orphans and vulnerable children would be important.
- Targeting issues, which are unique to these children including psychosocial issues, developmentally appropriate needs and rights.

What are the key messages that needed to be disseminated? and for whom?

- Holistic development of the child
- Age specificity of some messages and activities
- Differentiated messages can be prepared for parents, children themselves, other care takers and professionals
- The actual process of preparing messages should be participative.

How do we ensure that the programmes we are developing are sustained over time?

Local populations have to be involved in the project implementation and monitoring as well as in assessing how AIDS is affecting various aspects of their lives and how concrete measures can mitigate its impact.

Such a joint action and culturally appropriate communication should permit the development the capacities and sense of responsibility of local stakeholders such as religions, spiritual and political leaders for combating HIV/AIDS relying on their own cultural resources.

At the same time it should contribute to sensitizing high and medium level decision makers towards the need of taking the societal and cultural context into account in planning and implementing strategies and programmes.

There is a need for a reviewed preventive education, which, in order to bring about positive and sustainable behaviour change, should be based on culturally appropriate information/communication/education. This renewed effort should go

beyond the limits of cognitive information and the school instruction by appealing to people's cultural references and motivations and by using all appropriate communication channels.

- Make development participatory
- Build in the element of capacity building
- Create an element of ownership
- Insist on some contributions from the people the development is for in kind, in monetary terms or through offering services.
- An ongoing system of evaluation will help to sustain the programme over time.

Who should be trained? What kind of training is required?

- Various persons: implementers, parents, children, other stakeholders
- Training: relevant training, on the job training, in-service training, apprenticeship
- Parents, teachers and young adults need to be trained. The training should give them the skills they need to apply the knowledge to everyday situations, which are removed from the classroom.
- Positive speakers (people living with HIV/AIDS) may be invited to schools to talk about living positively with HIV/AIDS. This will help to break down the stigma and discrimination.
- Training is the top priority for the development of an effective program.

What is the way forward regionally, nationally?

- Nationally: locally involve communities; involve regions within the country; involve institutions across the nation
- Regionally: especially within SADC using mechanisms of the protocol for Education and Training

What advocacy/mobilization is needed?

- Target leaders of various institutions to put pressure on government
- Target strategic Ministries and institutions
- Target local, district, regional and national institutions
- Target institutions of high learning for support in research, teaching and community service.

How do we start the exchange of experiences process with the other parts of Africa, such as Francophone or Lusophone Africa?

- Inviting them to our meetings to share results of our work
- Participate with us in training
- Develop joint initiatives, case studies
- Sharing each others' websites and information sources – translating information into French, English, Portuguese and Kiswahili

Conclusions and Recommendations

Philosophy and beliefs behind the recommendations

- All children should be treated equally regardless of their HIV/AIDS status.

- Children have a right to survival and development and the younger they are, the more important it is to uphold this right, especially in regard to their development.
- The Convention on the Rights of the Child covers children's rights in general but it does not specify the right of children affected/infected by HIV/AIDS.
- Issues on young children affected/infected by HIV/AIDS should be visible in policies and programmes.
- Make principles guiding programmes/services for HIV/AIDS orphans and other vulnerable children explicit when it comes to issues implicating young children affected and infected by HIV/AIDS

International Instruments for reference:

- Convention on the Rights of the Child
- Dakar Framework for Action on Education for All
- UNGASS Declaration of Commitment on HIV/AIDS
- Identify cultural practices that worsen the condition of children affected and infected by HIV/AIDS. At the same time, positive cultural practices should be highlighted and promoted
- With respect to Dakar framework for action on EFA, emphasis should be placed on references to girls/women and the amelioration of negative effects to them, including sexual abuses.
- A human rights approach framework should be used both as point of departure and point of reference for insuring better awareness of rights and responsibilities of children and adults in regards to the HIV/AIDS pandemic.

Policy

- Review existing Early Childhood policies to take into account matters pertaining to children infected and affected by HIV/AIDS
- Need to feel a stronger national commitment to tackling the HIV/AIDS issue.
- Find ways to influence policy dialogue at local, national and regional levels.
- Encourage national consultations on issues related to children and HIV/AIDS
- Mobilize governments to protect young children.

Advocacy

- Publicise abuse, neglect and discrimination of children affected by HIV/AIDS
- Engage in training and capacity building to reduce abuse, neglect and discrimination. Focus on empowering various stakeholders to deal with abuse and neglect of these children.

Co-operation - Collaboration – Partnership

- Stress the meaning and importance of cooperation.
- The need to treat all partners as equals with equal contribution respected by all partners and stakeholders.
- The family is the first line of defence: thus economic assistance to the family is important, as well as helping keep children within the family.
- Need to understand how communities are responding to the HIV/AIDS pandemic and build on that.

Programme Planning and Implementation - Service Provision

- Enhance linkages between HIV/AIDS, Early Childhood, Child protection

- recognize the diversity that exists in tackling HIV/AIDS, and understand the importance of regulating the approaches, empowering the key players and reviewing the pedagogies used.
- strengthen coordination mechanisms for networking
- make a commitment to conduct an assessment of situation in particular through bringing together stakeholders
- take into account systematically the HIV/AIDS issue in every aspect: analysis, programming, evaluation, etc.

Training

- In-service courses
- On-job training
- Apprenticeship
- Formal training

Sustainability

- Through appropriate training
- Build capacity in implementing children's rights
- Take into account the issue of scale, how does one move to the national scale.
- Need to connect meetings and recommendations with daily reality and action plans

Communication - Information Dissemination

- Varied types of communication and forms of information and forms of dissemination.
- Find ways to overcome the problem of circulating findings to other countries.
- Need to bring knowledge from child protection to the early childhood field
- Insuring that lessons learnt from programming can be transferred to others.
- Need to enhance documentation and communication network

Key elements should include an appropriate emphasis on:

- case studies
- exchange of information and expertise within and across countries
- targeting information to key events
- communication strategy
- coordination

Funding - Donor Support

- Contributions from individuals and communities (labour, services, support from government)
- Orchestrated support from other developmental partners (see example of Botswana)
- Donor support should have "no strings" attached.
- Insure that resources go to the children and communities.

Developing a "Young Children and HIV/AIDS in Africa" Action Plan

The *Action Plan* should focus on several programme areas for its implementation, each covering a number of actions. Building the Plan requires and depends on joint development, promotion and monitoring. Several implementation mechanisms were suggested for achieving progress in each programme areas. These will be refined and modified as individual organizations map their own mechanisms and strengths.

Building the *Plan* requires developing and enhancing the following programme areas, which represent different ways we create, build, support and expand the introduction, integration and implementation of approaches in favour of young children affected and/or infected by HIV/AIDS.

1. *Undertake advocacy/dialogue/awareness raising activities, including*
   - case studies, reports, documentation
   - websites
   - presentations at meetings and conferences
   - linking with existing advocacy groups

2. *Develop and offer training*

3. *Enhance prevention and protection*

4. *Create supports and advocacy through media and communications, including*
   - parent education programmes
   - websites

5. *Mobilize and involve business/private sector, including*
   - Identifying possibilities of using the *Global Compact* (with the business community launched by the UN Secretary-General) for the establishment of partnerships with the private sector in the area of early childhood and HIV/AIDS.

6. *Identify, utilize and build upon networks, partnerships and affinity groups, including*
   - Establishing partnerships for children, encouraging participation of every individual in the society at different levels: parents, families, teachers, nurses, politicians, and educators to joint efforts for the best development of the child.
   - Working in cooperation with affinity groups to achieve outreach, impact, consensus, and common cause with related issues: children's rights, women, environment, etc.
   - Developing issue-specific and action-oriented partnerships so as to piggyback issues on related movements and to tie early childhood concerns to current public concerns on HIV/AIDS.

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Annex 2 - Questions used to prepare the Workshop on "Protecting the rights of young children affected and infected by HIV-AIDS in Africa: updating strategies and reinforcing existing networks"

To help prepare this workshop, please answer the following questions as best as you can, keeping in mind that the focus is on young children (that is children under 8) and their families.

The objective of this short questionnaire is to help identify experiences that have the potential of providing clues and inputs for policies, programs and effective measures aimed at controlling and alleviating the impact and damage that HIV/AIDS has on young children, families and communities. Our objective is to focus more on the solutions than the problems, which we know all too well.

Thank you in advance for your cooperation and help.

Country:

Programmes / approaches

- Are there programmes/initiatives for the care, education and support of young children (children under 8) affected and/or infected by HIV/AIDS?
- If yes, can you list what type, and whom should we contact to find out more (names and address)?

Policies / strategies

- How are the issues and challenges of HIV/AIDS being tackled in the country?
- Is there a National AIDS policy? If yes, does it address issues related to early childhood development and education?
- Are there approaches and policies that appear to be sustainable?
- Are there priorities under consideration to address these issues?

Research

- Has any research been done in the country on HIV/AIDS issues and young children (children under 8)?
- If yes, whom should we contact to find out more (name and address)?
- Are there pertinent, applicable case studies and results?

Situation of Young children (children under 8)

- Are there figures/statistics on the number of young children affected by HIV-AIDS?
- Are there updated data on mortality and morbidity of children under 8?
- Is there a policy for children orphaned by AIDS?
- How are AIDS orphans perceived? treated by society at large?
- What advocacy/mobilization is needed?

Resources / partnerships

- Names and contact details of activists, resource persons, NGOs, or governmental bodies on HIV/AIDS issues and young children (children under 8)
- Are there partnerships in favour of young children affected by HIV-AIDS, including private sector partnerships?

Support materials / advocacy

- What type of teaching, training, reference materials would be useful?
- What types of information would be of help? on what issues/themes?
- What are the key messages that needed to be disseminated? and for whom?

Any other information you feel would be useful for preparing the Workshop:

U.S. Department of Education
Office of Educational Research and Improvement (OERI)
National Library of Education (NLE)
Educational Resources Information Center (ERIC)

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